

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09692507</i>	FILING DATE	
								APPLICANT(S)		
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/							51		
2		/						52		
3		/						53		
4		/						54		
5		/						55		
6		/						56		
7		/						57		
8		/						58		
9		/						59		
10	/							60		
11		/						61		
12		/						62		
13	/							63		
14	/							64		
15	/							65		
16		/						66		
17		/						67		
18		/						68		
19	/							69		
20		/						70		
21	/							71		
22		/						72		
23		/						73		
24		/						74		
25		/						75		
26		/						76		
27		/						77		
28		/						78		
29		/						79		
30		/						80		
31								81		
32								82		
33								83		
34								84		
35								85		
36								86		
37								87		
38								88		
39								89		
40								90		
41								91		
42								92		
43								93		
44								94		
45								95		
46								96		
47								97		
48								98		
49								99		
50								100		
TOTAL IND.	19							TOTAL IND.		
TOTAL DEP.	111							TOTAL DEP.		
TOTAL CLAIMS	130							TOTAL CLAIMS		

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						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/		
2	/						52	/		
3	/						53	/		
4	/						54	/		
5	/						55	/		
6	/						56	/		
7	/						57	/		
8	/						58	/		
9	/						59	/		
10	/						60	/		
11	/						61	/		
12	/						62	/		
13	/						63	/		
14	/						64	/		
15	/						65	/		
16	/						66	/		
17	/						67	/		
18	/						68	/		
19	/						69	/		
20	/						70	/		
21	/						71	/		
22	/						72	/		
23	/						73	/		
24	/						74	/		
25	/						75	/		
26	/						76	/		
27	/						77	/		
28	/						78	/		
29	/						79	/		
30	/						80	/		
31	/						81	/		
32	/						82	/		
33	/						83	/		
34	/						84	/		
35	/						85	/		
36	/						86	/		
37	/						87	/		
38	/						88	/		
39	/						89	/		
40	/						90	/		
41	/						91	/		
42	/						92	/		
43	/						93	/		
44	/						94	/		
45	/						95	/		
46	/						96	/		
47	/						97	/		
48	/						98	/		
49	/						99	/		
50	/						100	/		
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			